DOCUMENT RESUME

ED 145 358 CG 011 910

AUTHOR Sussman, Marvin B.

TITLE Prospects for Extended Family Households Providing Creative Environments for the Elderly.

SPONS AGENCY Administration on Aging (DHEW), Washington, D.C.
PUB DATE Apr 77
GRANT 90-A-316
NOTE 24p.; Paper presented at the annual meeting of the National Council on Aging, Inc. Washington, D.C., April 17-20, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Behavioral Science Research; Children; Creative Development; *Extended Family; *Family(Sociological Unit); Gerontology; *Helping Relationship; *Motivation; *Older Adults; Research Projects; *Rewards; Role Models; Socialization

ABSTRACT

The role of incentives, i.e. economic and service supports, is explored in an attempt to find ways and means to provide elderly family members with creative enviornments so as to enhance their life conditions and relationships. In order to investigate the feasibility, circumstances, and conditions under which the family network, in lieu of institutionalization, may be utilized as an alternative or complementary long-term care system and provider of home environment for its aged members, three different population groups from a large metropolitan area were interviewed. Households were chosen from a randomly selected sample classified by race and sex (N=356). Statistical techniques employed included multiple correlation and regression analysis. Results of the study indicate that the majority of respondent families will take in a near or distant elderly relative, and that incentives are not determinants of this decision. More research is indicated to determine whether incentives are enhancing rather than determining in the caring process. (Author)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED145358

Prospects for Extended Family Households Providing Creative Environments for the Elderly*

by Marvin B. Sussman

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Marvin B. Sussman

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

Marvin B. Sussman is Professor and Chair, Department of Medical Social Science and Marital Health, Bowman Gray School of Medicine.

* Report on research generously funded by the Administration on Aging Grant #90-A-316. Presented to the Federal Council on Aging, April 19, 1977, Washington, D.C.

CG 011910

I. Introduction

Interest in the family currently is at an all time high. A White House Conference on the family in 1979 has been approved by the Carter administration. Divorces continue at record levels with the expectation that one of three marriages will end in divorce by 1980. Some government officials and professionals who provide human services have expressed concern bordering on panic as a consequence of alarming statistical reports which indicate that the traditional family, namely that of husband and wife living together in a separate household apart from other sets of parents, where one member is the breadwinner and the other a homemaker looking after children, is becoming a vanishing breed. Some family watchers decry the break up of the family, pointing to loss in family interaction when both parents are involved in the work force, e.g., forty percent of pre-school mothers are in the work force; less than five percent of all households have a third adult; children are essentially reared by their peers; currently forty percent of all marriages end in divorce, and one in seven children raised are brought up in a household where the father is absent.

The loss of adults to help educate and socialize children is pronounced. While learning processes are complicated and the development of maturity and attaining competence in handling relationships is even more so, the one major finding from a plethora of research is that role modeling is the basic and dynamic process. Whether in school, the army or the home, individuals are "shaped" by those who have been placed in the role of socialization agent. For the child, parents and other adults are critical for the young person's cognitive development, the acquisition of interpersonal skills and knowledge acquisition, and general physical and mental well being. One essential ques-

tion being asked by some of the more creative academics, policy makers, and administrators, is how can the family be reconstituted with sufficient supports and incentives so as to become a viable primary group able to fulfill its basic task of socialization?

Despite this cry and tumult, a formidable conclusion reached by professional and lay persons alike is that institutions, as they organize through bureaucracies, cannot, and for that matter, are not the best form of organization to take care of family members, especially those who are ill, disabled, or deviant. This conclusion is reached in face of an impending form of national health care -- some proposals for such protection are undoubtedly beyond the absorptive capacity of this society to furnish without basic reallocation of resources -- and whatever plan is adopted, family systems capable and competent to "care for its own" will be an absolute necessity (Waldman, 1976).

It would be intellectually irresponsible to assume that a reworked family along extended kin lines or a three generation household, even with appropriate supports, is sufficient to reduce the levels of alienation, anomie, frustration and mental breakdown of individuals in the society. Such reconstitution by itself will not guarantee that children will have optimal learning environments to become mature and responsible adults. A recent report on the status of children and their families (National Academy of Sciences, 1976) indicated that a substantial number of adults in families do not have adequate and sufficient resources to care for themselves and their offspring; about one in six children live in severely depressed settings. Some of the major problems faced by families are due to circumstances beyond their control. The loss of a job due to cyclical unemployment, a

natural or man-made catastrophy which results in illness, disability, or death of a family member, are occurrences beyond the family's control. These society produced events and conditions require organizations and institutions to respond quickly and with sensitivity, giving help during the emergency and later on during the period of recovery and rehabilitation. The great need today is for new and creative types of support systems which will enhance the family's ability to maintain its own integrity and to reach some perceived quality of life.

The development of new arrangements so that men and women can be effective parents and responsive to their own parents and still have careers is a high priority. But such development by itself will not be successful in reaching the dual objectives of family and work unless the arrangements are reciprocal. Families and organizations which will provide services have to work in a system of complementarity, each contributing its own area of expertise. The family is best suited to handle those problems and issues related to emotional support, cognitive development, affective expression, and to help its member develop skills to handle interpersonal relationships and idiosyncratic events. Organizations are much more attuned to the provision of services en masse at reasonable cost, and uniformity in delivery presumes a rational order of organization and a certain type of democracy in treating whole groups rather than individuals.

To enable families to deal on a more parity basis with bureaucratic organizations who are providing needed and desired services, it is important to explore ways in which families can be strengthened and enriched in their structure and substance. One way to do this is to make it more feasible for families to extend their boundaries to encompass other adults

who can provide human and other resources. At the same time, by enlarging the family, let us say by the addition of an older person into the household, one reduces the dependence of such individuals upon service organizations, thus reducing the power of bureaucratic structures. The explanation of power reduction is that when individuals are less dependent upon institutions and organizations and therefore can act "with strength" in their dealings with such structures, they are less likely to be controlled and therefore, are less powerless.

It is in the context of these statistical conditions and situations that we examined how incentives, namely economic and service supports provided to families at different stages of their own life cycle, might be sufficiently attractive so that such family units could provide a creative environment for an elderly member without altering too extensively their own life styles. Incentives, as we have defined and used them in this research, function more like catalysts for developing quality interpersonal relationships than as the purchase of services, a function of a "true" incentive. Cooperative and intimate dealings among individuals cannot be based upon economic principles alone. In the case of an elderly member living with some unit of the extended family, one cannot underestimate the filial feelings, the almost subconscious need to respond to kith and kin. Such feelings about an elderly member are obviously influenced by the life conditions, aspirations, family members, intrafamily relationships, and current social and economic status of a particular family. The family may wish to do "the right thing" with an elderly relative, but conditions may mitigate against it.

The lack of income or equivalent in kind still remains the primary factor in the dissolution of the family. It is therefore appropriate to examine how the provision of financial and service supports may motivate, inspire, or exacerbate a family's desire to provide a home for an elderly member, even one distantly related. Our research further presupposes that the elderly individual can contribute to the family in performing critical adult socializaton and other roles, and that persons who are asked regarding this possibility of bringing somebody into their home are thinking of such possibilities.

The prospects that families can increase in size at different stages of their own life cycle by adoption of elderly kin without making a commitment in perpetuity to do this, is an exciting prospect for making available adult socialization role models to children; and seasoned human beings for quality interaction and the exchange of services. The availability of such skills and resources should enhance the family's ability to meet competently the normative demands of bureaucratic organizations. There are more skilled hands to deal with schools, service agencies and other institutions and organizations. The older person increases the possibilities that aging can be looked upon more as a process rather than as a disease; and that one contributes to social interaction as long as it is possible and feasible, and in due course one becomes dependent and leaves his life with warmth and love, and with some degree of dignity. It is within this context of the need to buttress and make more viable the family network as the primary system of society we have formulated our objectives, theoretical perspective, research questions and procedures.

The principal research objectives are to investigate the feasibility, circumstances, and conditions under which the family network -- in lieu of

institutionalization -- may be utilized as an alternative or complementary long-term care system and provider of a home environment for its aged members.* The study examines whether units of such networks would consider this possibility and whether preferred economic and service incentives would make a difference -- would these increase receptivity and willingness to provide an enhancing environment for the aged family member? Would elderly family members be willing to live with their kin if the potentials of economic and service burdens for family members were removed? What is the "power" of specific incentives in enticing and enabling families to provide creative living environments for elderly members?

II. Procedures

A. Sample

Three different population groups consisting of 936 people from the Cleveland, Ohio metropolitan area were interviewed. In this paper I am discussing the data derived largely from a randomly selected sample of families classified by race and sex. To obtain the sample, census tracts were classified according to the predominance of race and occupational status and then divided into four groupings: White, blue collar; White, white collar; Black, blue collar; and Black, white collar. Twenty-seven census tracts were the universe of families with the above characteristics, and from which we selected a sample of 450 households. The chosen households were each sent a letter stating the purpose of the study and

* Family network refers to those persons who are "perceived" to be family and include those who may be somewhat distantly related by blood or marriage such as second cousins, uncle- or aunt-in-law. It does not imply only members of the immediate family, e.g., children and parents of the nuclar family of procreation.

that an interviewer would be calling in the near future. In order to maximize rapport, as often as possible the race of the respondent and the interviewer were matched. Three hundred and fifty-six individuals comprise this sample.

B. Characteristics of Samples

Eighty-seven percent of the respondents were women. Whenever possible, the women in the household were interviewed since it was assumed that they would probably be the main caretaker if the elderly relative moved in. Fifty-one percent of the sample were black. 48 percent were white. The age range of the family sample was from 18 to over 64. Seventy-two percent of the family sample were under age 55. Most of these were between 40 and 55. The incomes of respondents in the family sample ranged from under $1,000 to over $30,000. The median income was $8,500.

III. Research Results

A. Introduction

The data analysis focuses on some general aspects of the possible relevance of various financial and service incentives in encouraging or aiding families to care for the elderly, and on identifying factors which differentiate individuals in terms of their willingness to take in an elderly relative. Since the proposed incentive programs constitute a focal point of the study, the data were examined to determine:

(1) the respondents' general feelings about the various incentives,

(2) the extent to which these incentives are seen as potentially motivating factors in encouraging families to accept older relatives under varying conditions, and

(3) the relationship between several of the independent variables outlined in the theoretical framework and preferences for incentives.

The variables initially identified as important correlates of preferences for incentives and willingness to take in an older person were also analyzed in more detail to determine their joint and relative importance. These analyses constitute the first step in the development of multivariate models of home care for the aged.

B. Method of Analysis

The statistical techniques used in the analysis vary according to the complexity of the questions asked. Assessments of the respondents' evaluation of incentives and their willingness to take in an older person were made by examination of simple frequency and percentage distributions, and means and standard deviations where appropriate. Variables believed to be of particular theoretical relevance (e.g., income) were examined in more detail regardless of statistical significance. The multivariate analyses of the variables judged to be important were conducted by means of multiple correlation and regression analysis.

C. Data, Instruments and Techniques

Demographic, attitudinal and situational information was collected using attitude scales, free and fixed form questions, a demographic profile and six scenarios. The latter were used to determine the respondents' willingness to care for the elderly in different situations and the perceived value of the incentive programs under these conditions.

Two examples are presented:

Miss D. has never been married. Three weeks ago she had a strcke. The hospital now wants to release her. She is not able

to return to her second floor apartment because, at least for a while, she is confined to a wheel chair and needs help in getting a bath and with meals. She is thinking about asking her niece if she could stay with her for a while.

Mr. Z., who is 66, is very active and independent. His wife suddenly passed away a few months ago. Mr. Z. has tried but can't cook. He has been successful in having someone to come in and cook his meals. But he has been unable to take care of all the household tasks such as laundry and cleaning as well as continue working at his part-time job. He is thinking of asking his nephew if he could stay with him for a while.

The respondents were asked for each situation whether or not they would be willing to have the older person(s) live with them if any of the above programs would be an incentive to them (or the hypothetical niece or nephew in the scenario), to accept the older person, and if so, which program. (See Table 1 for willingness to have an older person in household by situation and incentive.

The incentives are:

Economic

monthly check

tax deduction

low cost loan

food stamps

rental allowance or property deduction

Service

medical care

visiting

social center

information center

meals on wheels

home aide service

IV. Summary of Major Findings

A. Responsibility for the Elderly

(1) The data suggest that most families (81 percent) will accept older people in the household in some circumstances. There is, however, a hard core of approximately 19 percent (of the total 356 cases) who have indicated that they would not take in older persons under any conditions.

(2) Over half of the respondents who expressed the view that they would not take in an elderly member under any circumstances indicated that family or relatives were responsible. Of particular interest is that almost 40 percent said that the government was responsible. Although these individuals are a fairly small proportion of the total sample (19 percent), they do indicate a willingness to place the responsibility for care of the elderly in the domain of the government.

(3) White respondents are more likely to see care for the elderly as the family's responsibility, while blacks are more likely to indicate the government should be responsible.

(4) Respondents who have at least completed high school are more likely to see care of older people as the government's responsibility, while those with less than completion of high school are more likely to see such care as the family's responsibility.

(5) Respondents with no religious preference are much more likely to feel that the government should care for the elderly. A majority of both Protestants and Catholics feel this is the family's responsibility. However, this is much more the case for Catholics. Over 80 percent of Catholics feel care of the elderly is the family's responsibility while 56.5 percent of Protestant respondents feel it is the family's responsibility.

(6) With respect to the strength of religious beliefs, individuals with weak or no beliefs tend to feel it is the government's responsibility, while those with beliefs ranging in strength from "to some extent" to "very much" are more likely to feel it is the family's responsibility.

(7) Respondents with prior experience in living with and/or caring for older persons are more likely to feel the family should have responsibility than are respondents with no prior experience.

B. Incentives

(8) Blacks are more receptive to economic than service incentives while whites are about equally divided on the desirability of economic and service incentives, suggesting that any incentive program demonstration would have greater success in black communities if economic incentives were introduced.

(9) Males are more likely to prefer economic incentives than are females; unmarried respondents are more likely to prefer economic incentives than married respondents while a larger proportion of married individuals would be responsive to service incentives; individuals with weak ethnic identification are more likely to prefer economic incentives than are individuals with strong

identification or no ethnic identification at all. It is important to note, however, that the number of respondents in the "weak" category is quite small (N=19) in comparison to the other groups. Thus, the results may be somewhat unstable. These population and family structure characteristics should be considered in any planned incentive intervention.

(10) Service incentives are preferred over economic ones by a larger proportion of individuals who cared for or had an older person living with them some time previously. This suggests that service programs would be more positively received by individuals and families who currently have an older person living with them or who have had such experiences in the past.

(11) Age is the most important demographic variable affecting incentive programs. The older the respondent, the less likely the individual will perceive such programs to have positive influences and most likely, such individuals will be resistant to incentive programs designed to encourage home care of the elderly.

(12) The majority of respondents in all religious categories indicated the incentive programs would not influence them. However, almost all of those with no religious preference gave a negative response, while only slightly more than half of the respondents in the "other" category responded negatively. A large majority of both Protestants and Roman Catholics indicated that the incentive programs would not influence them.

(13) Duration of marriage is negatively related to the possible influence of incentive programs. The greater the duration of marriage, the larger the percentage saying the programs would not influence them.

(14) Elderly persons have incentive priorities similar to those of potential home providers but for different reasons. Forty-two percent thought that the monthly check was the best incentive in our proposed program because it was the most flexible, it helped older people stay independent, and it would help with both the older person's and the family's expenses. Twenty-six percent of the respondents liked the medical care incentive best because they perceived it as the most useful one for older people because of the high risk of getting sick and needing costly medical attention.

(15) If the incentive program could offer families two incentives, one financial and one service, the majority of older people in this sample would want families to receive both the monthly check (71 percent) and the medical services (54 percent).

C. Willingness to Accept an Elderly Member into One's Home

(16) Approximately 60 percent said yes to having an elderly relative live in their home, and about 33 percent said no to a direct question on willingness, with the remainder being unsure. Respondents who answered no were then asked if they would ever accept an older person in their household. Slightly less than 30 percent of those who originally answered no said that under certain circumstances they would accept an older person in their household.

(17) The majority (76 percent) of the group of elderly interviewees said that they preferred to live in their own home. It seems that only when older individuals cannot fend for themselves is there an expressed willingness by the elderly person to live with a family.

(18) In a multiple classification analysis of variables related to the willingness of families to take in an elderly relative, age, prior experience in caring for older people and attitudes towards older people were significantly related to willingness. Programs using currently proposed economic and service incentives are most likely to be least successful among older individuals and families. Prior experience and positive attitudes towards the elderly may be attitudes indicating an earlier willingness to interact with older people which is reflected in the willingness score and not with causal significance. If, however, these variables are of direct causal significance, then the success or failure of such incentives programs will be based more on attitudinal and experiential factors than financial hardships or inconvenience.

(19) There is a consistent negative relationship between age and mean willingness to accept an older relative. Older respondents are much less willing to accept an older relative than are the younger respondents.

(20) White respondents are somewhat more willing on the average to accept an older relative than are black respondents.

(21) Respondents in large households are somewaht more willing to accept an older relative. The basic distinction seems to be between one or two person households and those that are larger.

(22) Individuals with weak ethnic group identification are less willing to accept an older relative than either those with no identification or those with strong identification. Again, however, there is the problem of a small sample of respondents with weak identification.

(23) Respondents with no religious preference are less willing to accept an older relative than those with a preference. Within broad categories of Protestant, Catholic and other, the type of religious preference does not seem to make a difference. A small sample size in the no religious preference category is also somewhat of a problem here.

(24) Respondents with prior experience in living in the same household with an older relative when a child or in caring for an older person are more willing to take in an older relative than are respondents with no prior experience.

(25) Respondents with a more positive attitude toward older people (rejection of stereotypes) are more willing to take in an older relative than those with less positive attitudes.

(26) The relevance of crowded conditions in the home and the health of the elderly person and the availability of other member families of the kin network to help when needed in the care of the elderly member has not been demonstrated in relation to willingness to take in a relative or to use incentives.

D. Cost/Benefit of Various Living Arrangements

(27) In the cost/benefit analysis, eight classifications of older persons were developed, each with a different benefit model. Table 2 gives the cost-benefit ratios by classification. Each ratio may be interpreted as the estimated rate of return on investment (in the form of benefits) of the incentives. The numerical results show that classi-

fication IV (income of more than 175 percent* of poverty level, independent in functioning, if not staying with family would be institutionalized) is most cost/beneficial. Depending on the actual efficiency of the demonstration project in terms of measured outcomes, we could reasonably expect benefit to cost ratios to equal 3.14. This classification also has the best ratio for low (pessimistic) estimates. The main benefits of the program accrue to the four classifications where institutionalization is successfully avoided. Going back to the cost/benefit ratio of 3.14, we might say that $3.14 in benefits results from each $1 in incentives with $4.12 in benefits going to the household and a net loss of $0.98 to the government.

E. Institutionalization of the Aged

(28) The majority of respondents do not believe that institutionalization is a desirable alternative for older individuals who do not want to live alone. Slightly over 58 percent indicated that older persons should not have to go to a home for the aged. In addition, over 75 percent of those who responded negatively to homes for the aged indicated that the family or relatives should care for the older person, although it should be noted that about 20 percent placed conditions on care in the home. It is interesting to note that very few of the respondents felt that communities or apartments for the elderly are desirable alternatives.

* A figure defining eligibility in other government programs, e.g., U.S. School Lunch Program.

(29) Familial responsibility is also recognized among a relatively large percentage of individuals who felt that older people should go (including those who said "it depends") to a home for the aged. Approximately 37 percent indicated that this alternative was desirable if the family or relatives could not care for them. Most of the other respondents who were in favor of homes for the aged suggested that such homes could provide better care or that older persons would be happier there.

V. Conclusion

These data obtained from populations in the Cleveland metropolitan area indicate that the majority of respondent families will take in a near or distant elderly relative and that incentives are not determinants of such a decision. At best, incentives facilitate the process and make it easier for the already committed and do little to change the minds of the refusers. The issue is whether "people do what they say" -- are incentives enhancing rather than determining the caring process? After our replication study currently underway in the Winston-Salem area of North Carolina, we intend demonstrations or model projects which will relate the most appropriate family structure, stage of life cycle and life style with specific incentives, the physical and mental status of elderly, and the attitudes, perceptions, and social capabilities of elderly and relatives.

There will be a need to determine the actual social and economic cost/benefits for varied types of family network/home care arrangements. Those of least cost and which provide maximum supports for the elderly person can be used in the formulation of new policies and programs.

The finding that member units of family networks, especially those whose members are young and in the beginning stages of the family life cycle, are open to or welcoming of their less well and impaired elderly members, requires further substantiation by research replication. Eventually, required are programs of public reeducation along these lines with closer attention to what the elderly think and feel about this prospect in addition to controlled demonstrations.

Data collected in Cleveland on elderly perceptions and feelings provides guidelines for estimating the conditions and circumstances under which a satisfactory "contract" of family and elderly member can be achieved. Demonstrations or model projects will soon be required to test the routinized reply of most elderly persons regarding living independently -- "I do not want to be a burden to my children."

Nevertheless, from the perspective of family members, as our data indicate, serious attention should be given to the utilization of the family network as a living environment for the elderly. It may not be "in" to talk about familism and filial piety today, but the feelings of concern over one's kin are deep and pervasive. Most families indicate that they will respond to the needs and requests of the elderly. A societal concern should be -- how can such human responsiveness be sustained and nutured over time? This is what incentives are all about!

Human service systems may have to expend a larger portion of their time and budget in providing activities which will help the family maintain the elderly member in the home. Currently there is increasing interest and the beginning of a social movement to develop more responsive client-centered programs of service. This may require regrouping of institutionalized care

systems around individuals (bringing services into the home) rather than requiring clients to enter large-scale bureaucratized care and custodial systems. Discovering new ways to use a combination of family and professional labor power with parity in exchanges should augur well for existing human service systems. It should provide a rationale for their continued existence in the future -- concomitant with the emergence of new legislation, policies, and programs which will enhance their continuity.

Table 1. Willingness to have an older person in the household given specific situations, and value of incentive programs in these situations

Variable	Percentage Responses by Scenario					
	I	II	III*	IV	V*	VI
Willing to accept older person						
yes	68.2	54.9	52.9	55.5	39.2	54.9
no	31.8	45.1	47.1	44.5	60.8	45.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	337	328	323	319	319	319
Would incentive programs offer encouragement to take in older person						
yes	66.5	57.5	61.9	57.7	41.8	52.4
no	33.5	42.5	39.1	42.3	58.2	47.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	337	315	318	310	299	307
If yes, which program						
monthly check	42.8	36.1	17.8	37.6	31.2	38.1
tax deduction	6.8	6.1	1.5	3.9	4.0	2.5
low cost loan	3.2	7.2	0.5	2.2	4.8	6.9
food stamps	9.0	7.2	4.6	7.3	13.6	14.4
rental allowance or property deduction	3.2	3.9	1.0	1.1	2.4	10.6
medical care	10.8	8.3	29.1	10.1	6.4	4.4
visiting	2.7	5.0	5.6	5.6	-	-
social center	14.0	17.2	-	29.2	10.4	8.1
information center	3.6	3.9	1.5	1.7	1.6	13.1
meals on wheels	-	2.8	3.6	0.6	23.2	-
home aide service	4.0	2.2	34.7	0.6	2.4	1.9
Total	100.0	99.9	99.9	99.9	100.0	100.0
N	222	180	196	178	125	160

* Refers to scenarios in the test.

Table 2. Summary table of cost/benefit ratios for the Family Incentives Program.

Classification of Older Person	Estimate	Household	Government	Total
I	High	1.46	-0.76	0.70
	Low	0.72	-0.92	-0.20
II	High	1.64	-0.93	0.71
	Low	0.65	-0.97	-0.32
III	High	1.46	0.31	1.77
	Low	0.72	-0.60	0.12
IV	High	4.12	-0.98	3.14
	Low	1.36	-1.00	0.36
V	High	1.07	-0.84	0.23
	Low	0.76	-0.94	-0.18
VI	High	0.96	-0.95	0.01
	Low	0.66	-0.98	-0.32
VII	High	1.07	0.00	1.07
	Low	0.76	-0.66	0.10
VIII	High	2.61	-0.99	1.62
	Low	1.16	-0.99	0.16

References

National Academy of Sciences. Toward A National Policy for Children and Families, 1976.

Waldman, S. (Compiler). National Health Insurance Proposals: Provisions of Bills Introduced in the 94th Congress as of February, 1976. Washington: U.S. Government Printing Office, 1976.